2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029631

Name:

Address:

City-St-Zip:

Entity Name: HARBOUR TOWNE INVESTMENTS, LC

FILED Aug 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7590 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 7590 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240 FEI Number: 20-2567751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARLOWE, JEANNE MARLOWE, JEANNE E 7590 ALBERT TILLINGHAST DRIVE 7590 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: JEANNE MARLOWE 08/21/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition MARLOWE, JEANNE MARLOWE, ANDREW M DR. Name: Name: 7590 ALBERT TILLINGHAST DRIVE Address: 7590 ALBERT TILLINGHAST DRIVE Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240 Title: Title: () Change (X) Addition () Delete Name: Name: MARLOWE, ANDREW M Address: Address: 7590 ALBERT TILLINGHAST DR. City-St-Zip: City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: MGR. () Change (X) Addition MARLOWE, FRANK I DR. Name: Name: 511 SABINE CIRCLE Address: Address: City-St-Zip: City-St-Zip: WYNNEWOOD, PA 19096 Title: () Delete Title: MGR. () Change (X) Addition Name: Name: MARLOWE, MYRNA J 511 SABINE CIRCLE Address: Address: City-St-Zip: City-St-Zip: WYNNEWOOD, PA 19096 Title: () Delete Title: () Change (X) Addition MARLOWE, JEANNE Name: Name: 7590 ALBERT TILLINGHAST DR. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

MARLOWE, JEANNE

7590 ALBERT TILLINGHAST DR. SARASOTA, FL 34240

SIGNATURE: JEANNE MARLOWE MGR 08/21/2006